CERTIFICATE OF COMPLIANCE

PLEASE TICK APPROPRIATE BOXES OR ENTER DETAILS IN BOXES BELOW

Customers Name:			
Installation Address:			
Installation Address:			
Installation Address:			
Installation Address:			
Town:			
County:			
Installing Company Name:		Work Completion date	
Installing Engineer's Name:		Companies Vat No.	

Description of Work

Location:

☐ Lounge ☐ Dining Room ☐ Kitchen ☐ Utility Room ☐ Bedroom ☐ Other, Specify

Appliance: ☐ Dry Open Fire ☐ Open Fire with Boiler ☐ Dry Cooker ☐ Cooker with Boiler

☐ Dry Roomheater/Stove ☐ Roomheater/Stove with Boiler ☐ Independent Boiler

Make ☐ Model ☐ Heat Output ☐ Kw

System: ☐ New Heating and Hot Water System ☐ Updated Existing Heating and Hot Water System

☐ Dry System Only

If Wet System: Is the Hot Water System Unvented? ☐ Yes ☐ No

Chimney: ☐ New Insulated Factory Made Chimney System installed

Relining of Existing chimney: ☐ Twin Wall Flexi Liner (for Class 1 Appliance) ☐ Cast In-situ Liner

☐ Ridged Sectional Liner Metal ☐ Ridged Sectional Liner Other

Hearth: ☐ New Hearth/Surround Fitted ☐ Existing Hearth/Surround Updated

Additional Information

Connecting fluepipes: Diameter ☐ mm Spigot down and gas tight: ☐

Provision for sweeping chimney/fluepipes: ☐ Yes ☐ No Chimney Data Plate Location: ☐

Air supply: Has a permanently open air vent been fitted: ☐ Yes ☐ No

Is the vent opening at least 50% of cross sectional area of throat/flue: ☐ Yes ☐ No

OR State total free area of air vent: ☐ mm^2

If no please explain: ☐

Confirm an approved Carbon Monoxide alarm has been fitted: ☐ Yes ☐ No

Appliance Operation and Fuel

Does the customer have a copy of the appliance user's manual: ☐ Yes ☐ No

What types of fuels can be burned in the appliance:_____

What types of fuel are NOT suitable for use in this appliance:_____

How many times per year is the appliance and flue system to be cleaned and inspected:_____

The end user/customer understands how to correctly operate the appliance: ☐ Yes ☐ No

Testing & Commissioning to Section J of the Building Regulations

Confirm you have commissioned and tested the appliance & associated work for safe and efficient operation ☐

Declaration of completion As the competent person responsible for the work described above, I confirm that the application and associated work has been installed in accordance with building regulations, and that the work complies with as such the appliance and flue system are fit for purpose and safe to operate.

Fitter signature:_____Print Name:_____Date:_____

Customer signature:_____Print Name_____Date:_____

THIS CERTIFICATE SHOULD BE RETAINED BY THE PROPERTY OWNER

WHO MAY BE REQUIRED TO PRODUCE IT IN ANY FUTURE SALE OF THE PROPERTY